$\frac{1}{1}$ DOGM M/047/022	10/13/99
SENDER: Complete items 1 and 2 when additional services are desired, and complete items and 4. P ir address in the "RETURN TO" Space on the reverse side. Failure to do this will prever ca. In being returned to you. The return receipt fee will provide you the name of the person delixed and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.	
1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)	
3. Article Addressed to:	4. Article Number
LONNIE HOGAN UINTAH CO RAOD DEPT PO BOX 291 VERNAL UT 84078	P 074 976 772 Type of Service: Registered Insured Cortified COD Express Mail Receipt for Merchandise
	Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery	In mermin
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-	865 DOMESTIC RETURN RECEIPT

UI STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN



Print Sender's name, address, and ZIP Code in the space below.

DIVISION OF OIL, GAS & MINING 1594 W NORTH TEMPLE STE 1210 BOX 145801

SALT LAKE CITY UT 84114-5801

775 926 074 0

JB

DOGM

Reverse) (See

M/047/022 10/13/99)FPT 84078 ROAL HOGAN 40 291 Fees Code Sent to LONNIE UINTAH VERNAL State and Delivery Certified Fee Postage to whom Return Return